

Part V. Plan for Supports

Provider: Nurses@Home Service: Skilled Nursing

<u>Outcome #</u>	<u>Important TO Me</u>	<u>Support Instructions</u>	<u>How often or by when?</u>	<u>How Long?</u>
N/A				
<u>Outcome #</u>	<u>Important FOR Me</u>	<u>Support Instructions</u>	<u>How often or by when?</u>	<u>How Long?</u>
11 Mary has a purée diet and is free from the symptoms of Dysphagia.	Support with Dysphagia: Training, diet development, provider supervision and protocol development and oversight	<ul style="list-style-type: none"> - provide staff training and monthly supervision to Meadow Glen direct support professionals - Develop and oversee proper purée diet - develop and train provider on protocol to address choking and aspiration. - communicate with physician as needed during the course of care - Protocols will incorporate instructions specifically tailored to Mary's preferences and be attached to this plan. 	<i>Monthly</i>	<i>1 hour</i>
13 Mary does not experience	Support with G-Tube (food, supplements and medications by tube as needed)	<ul style="list-style-type: none"> - provide staff training and monthly supervision to Meadow Glen direct support professionals - develop/train provider on protocol to provide tube use and care - instruct/supervise provider on medication administration via tube 	<i>Monthly</i>	<i>2 hours</i>

**This ISP belongs to: Mary S. ID# 9762 (ID# for CSB use) ISP Start: 8/1/09; revision End: 7/31/10
04/01/09 ID& DS Waivers Instructional Sample (Updated content 12/02/09) SN Page 1 of 9**

dehydration and has good nourishment each day.	Training, provider supervision and protocol development and oversight	<ul style="list-style-type: none"> - communicate with physician as needed during the course of care - Protocols will incorporate instructions specifically tailored to Mary's preferences and be attached to this plan. 		
---	---	---	--	--

Individual: (Mary Simms's Mark) Date: 7/12/09

Representative: *Monica Simms* Date: 7/12/09

Provider: Wanda Green, RN Date: 7/12/09

Part V with Personal Preferences when completing the CMS-485



This sample includes on pages 5 and 6 an example for when the CMS-485 is completed in place of the optional Part V format. Personal preferences are typically recorded in the support instructions under Part V. When using the CMS-485, Skilled Nursing providers can easily record this information using the Personal Preferences planning tool provided online at www.dbhds.virginia.gov. (Go to Person-Centered Practices under Quick Links) or you may record personal preferences in your own format.

HOME HEALTH CERTIFICATION AND PLAN OF CARE

1. Patient's HI Claim No. 70009882	2. Start Of Care Date 8/1/09	3. Certification Period From: 8/1/09 To: 7/31/10	4. Medical Record No. 8761	5. Provider No. 50001932947839
6. Patient's Name and Address Mary Simms 160 Avalon Road Avalon, VA 24343			7. Provider's Name, Address and Telephone Number Nurses@Home 866 Ridge Farm Road Avalon, VA 24343	
8. Date of Birth 9/6/58	9. Sex <input type="checkbox"/> M <input checked="" type="checkbox"/> F	10. Medications: Dose/Frequency/Route (N)ew (C)hanged		
11. ICD-9-CM Principal Diagnosis Osteoporosis	Date 5/3/04	Lamictal 200mg tab. By tube 2 x daily Seizures Calcium (OS-CAL+D) 500mg + D By tube 2 x daily Osteoporosis Kepra 100mg By tube 2 x daily Seizures Acetaminophen 160mg/5ml By tube 2 x daily Pain Acephen 650mg susp rectally Prn q 4 hours Fever Diazepam 10 mg rectally If >4 seizures in 2 hours Seizures		
12. ICD-9-CM Surgical Procedure	Date			
13. ICD-9-CM Other Pertinent Diagnoses Intellectual Disability Seizures Dysphagia	Date 12/12/74 from birth 5/3/97			
14. DME and Supplies Wheelchair, barrier cream, communication device		15. Safety Measures: Gentle touch, protocol for aspiration/choking/seizures		
16. Nutritional Req. Puree diet or by tube		17. Allergies: None known		
18.A. Functional Limitations		18.B. Activities Permitted		
1 <input type="checkbox"/> Amputation	5 <input type="checkbox"/> Paralysis	9 <input type="checkbox"/> Legally Blind	1 <input type="checkbox"/> Complete Bedrest	6 <input type="checkbox"/> Partial Weight Bearing
2 <input checked="" type="checkbox"/> Bowel/Bladder (Incontinence)	6 <input checked="" type="checkbox"/> Endurance	A <input type="checkbox"/> Dyspnea With Minimal Exertion	2 <input type="checkbox"/> Bedrest BRP	7 <input type="checkbox"/> Independent At Home
3 <input checked="" type="checkbox"/> Contracture	7 <input checked="" type="checkbox"/> Ambulation	B <input type="checkbox"/> Other (Specify)	3 <input checked="" type="checkbox"/> Up As Tolerated	8 <input type="checkbox"/> Crutches
4 <input type="checkbox"/> Hearing	8 <input checked="" type="checkbox"/> Speech		4 <input checked="" type="checkbox"/> Transfer Bed/Chair	9 <input type="checkbox"/> Cane
			5 <input checked="" type="checkbox"/> Exercises Prescribed	
19. Mental Status:		1 <input type="checkbox"/> Oriented	3 <input type="checkbox"/> Forgetful	5 <input type="checkbox"/> Disoriented
	2 <input type="checkbox"/> Comatose	4 <input type="checkbox"/> Depressed	6 <input type="checkbox"/> Lethargic	7 <input type="checkbox"/> Agitated
			8 <input checked="" type="checkbox"/> Other	
20. Prognosis:		1 <input type="checkbox"/> Poor	2 <input type="checkbox"/> Guarded	3 <input type="checkbox"/> Fair
			4 <input checked="" type="checkbox"/> Good	5 <input type="checkbox"/> Excellent
21. Orders for Discipline and Treatments (Specify Amount/Frequency/Duration)				
Apply barrier cream to hips and thighs daily Ongoing Food by tube when aspiration noted or difficulty swallowing PRN Ongoing Medications via tube daily BID Ongoing Train residential provider staff at Meadow Glenn on proper tube maintenance and use Provide monthly supervision and refresher training to Meadow Glenn DSPs to better assure provider competency and Mary's medical health				
22. Goals/Rehabilitation Potential/Discharge Plans				
Good prognosis with proper nourishment oral/tube and daily medications via tube Gentle touch during all transfers and therapies Discharge not anticipated at this time due to long term needs				
23. Nurse's Signature and Date of Verbal SOC Where Applicable:			25. Date HHA Received Signed POT	
<i>Wanda Green 7/28/09</i>			7/29/09	
24. Physician's Name and Address			26. I certify/recertify that this patient is confined to his/her home and needs intermittent skilled nursing care, physical therapy and/or speech therapy or continues to need occupational therapy. The patient is under my care, and I have authorized the services on this plan of care and will periodically review the plan.	
Dr. George Grubb PCP 2398 Greenway Road Avalon, VA 24343 Phone: 598- 728-3111 Fax: 598-728-3222				
27. Attending Physician's Signature and Date Signed			28. Anyone who misrepresents, falsifies, or conceals essential information required for payment of Federal funds may be subject to fine, imprisonment, or civil penalty under applicable Federal laws.	
<i>George Grubb 7/28/09</i>				

My Personal Preferences

My PCP outcomes addressed:

Important TO:

Important FOR: #11: Mary has a puree diet and is free from the symptoms of Dysphagia #13: Mary does not experience dehydration and has good nourishment each day.

People I prefer to support me (Please list):

Family members: Monica Simms

Paid Supports: Meadow Glen (female supporter preferred)

Others: Alice Duvall, Charlotte Evans

Qualities I like in those who support me:

Patient, calm, understanding, understands physical and nutritional needs and preferences, people that interact, are not “touchy-feely,” caring, compassionate, responsible, patient, sensitive to her wants and needs, people who recognize when Mary has seizures; people who tell her what they are going to do before touching her.

For individuals who do not use words:

This is how I communicate “yes”:	Smiling and humming softly
----------------------------------	----------------------------

This is how I communicate “no”:	looking/turning away, crying
---------------------------------	------------------------------

Other information about how I communicate:	Mary is expected to be using a new communication device soon.
--	---

Below are my preferences when providing supports:

Supports	Personal preferences
Lifting/transferring/positioning:	Gentle touch at all times, let Mary know what you are doing before you touch her.
Eating/meal preparation:	Mary uses a sipping cup and coated bowl. She likes her bread moist and follows a puree diet. Does not like green colored foods and no caffeine to prevent seizures. Likes prunes.
Bathing/showering:	Mary showers with a shower seat and likes the parker tub. Likes strawberry shampoo and using the washcloth to scrub her own arms. Always tell her what part of her body you are washing next.
Skin care/personal appearance:	Prefers Lubriderm lotion or generic Lubriderm. Does not like pony tails, modest use of hairspray.
Dressing:	Extends arms for putting on her shirt and legs for socks and pants. Remove clothing tags when possible.
Restroom:	Always close the door. Complete physical support needed with cleaning and stability to prevent falls.
Feminine care:	Typically light flow, FDS preferred.
Home care:	Likes to dust with hand under hand support.
Money management:	Budgeting is completed weekly. Smiles when she sees money in her pocketbook.
Community:	Enjoys nature, visits to parks and movies. Likes shopping at Food World and presses the “pay now” button on the self-checkout on her own.
Other: <u>Routines</u>	Enjoys reruns of Wheel of Fortune every night at 7:30pm when at home.

Comments:

Completed by: Wanda Green, RN

Date completed: 7/28/09

Support Log

Date	Details
8/4/09 Outcomes 11 and 13	<p>Monthly summary – 9am to 12am: BP 120/80; Temp; 99.1; P; 83; Weight; 138 Mary was alert during the visit today and responded by smiling frequently. There were no signs of dizziness and her respiratory system was clear. Her cardiac functioning was within normal limits. There were no palpitations or complaints of chest pain. Her arms and legs were warm and pink with good capillary refill and no edema. Sharon Irving, DSP reported a good appetite, regular intake and one recent incident of aspiration which resolved without support. Bowel sounds were absent. Urine reported as clear and without odor. Adult diapers continue to be used and tube site clean and free from signs of irritation. Her coordination and ranges of motion were typical. Skin on her right hand fair with no exposed wounds. No bone breaks, fractures or bruises observed or reported. DSP providers observed providing PRN medication via tube properly. Satisfaction with nursing services is noted by Mary’s positive responses and frequent smiles this day. S. Irving reported continued use of barrier cream, which has promoted healing on Mary’s thighs and upper legs.</p> <p><i>Wanda Green, RN 8/4/09</i></p>
9/8/09 Outcomes 11 and 13	<p>Monthly summary - 9am to 12am: BP 120/78; Temp; 98.9; P; 86; Weight; 139 Mary was drowsy during the visit today and responded by smiling occasionally. She was unable to express satisfaction with nursing services. Her mother expressed satisfaction by phone contact during the visit. Mary’s breathing was regular and cardiac functioning was within normal limits. There was a slight cough and no chest pain. Her arms and legs were warm and pink with no edema. No rashes or itching noted. Marty Lowe, DSP reported a good appetite, regular intake and no incidents of aspiration. Bowel sounds were absent. Urine reported as clear and without odor. Her coordination and range of motion were typical. Skin on her right hand improved from previous visit. Tube site clean/well maintained. Mary is frequently transferred from her wheelchair for activities. No breaks or fractures. No bruises observed or reported. DSP providers observed providing PRN medication via tube properly. S. Irving reported continued use of barrier cream and that procedures will be followed if cough continues more than 24 hours. RN, physician and guardian to be notified.</p> <p><i>Wanda Green, RN 8/4/09</i></p>

Optional Person-Centered Documentation (to assist with routine recording)

Communication Chart

Date and Signature	What's happening (or just happened)?	<u>Mary</u> does this...	We think it means...	And others should...

Learning Log

Date and Signature	What did the person do? (what, where, when, how long?)	Who was there? (name of people supporting the person, friends and others)	What did you learn about what worked well? What did the person like about the activity? What needs to stay the same?	What did you learn about what didn't work? What did the person not like about the activity? What needs to be different?

Person-Centered Review (PCR)

Provider: Nurses@Home Service: Skilled Nursing

Purpose of review: 1st , 2nd , 3rd , 4th , Update

Outcome #	Desired outcomes (Important TO)	Describe progress toward each outcome. (Include new learning, barriers, successes and relevant medical information in each instance)	Start/End	Condition (Check all that apply)
N/A				
Outcome #	Desired outcomes (Important FOR)	Describe progress toward each outcome. (Include new learning, barriers, successes and relevant medical information in each instance)	Start/End	Condition (Check all that apply)
11	Mary has a puree diet and swallows her food without choking.	Mary experienced three reported incidents of aspirating on her food during the quarter. In each instance provider reported following proper procedures for feeding Mary via tube. Supervisory home visits occurred on 8/4/09, 9/8/09 and 10/15/09 during the past quarter. Mary has continued to follow a puree diet and eats a variety of foods on a regular basis. Continued monitoring and support is needed to assure her continued health.		<input checked="" type="checkbox"/> Progress <input checked="" type="checkbox"/> Continued <input type="checkbox"/> Ended
13	Mary does not get dehydrated and has good nourishment each day.	During each visit Mary showed signs of good hydration and continues to have access to fluids through the day. Medication and occasional foods provided via tube. All labs within normal limits during the quarter. All DSPs demonstrate ability to provide tube care and medication administration according to protocols.		<input checked="" type="checkbox"/> Progress <input checked="" type="checkbox"/> Continued <input type="checkbox"/> Ended

Outcome #	Additional desired outcomes	Describe the expected benefits of this change as Important TO or Important FOR the individual.	Start/End	How often or by when?
18	Mary has healthy lungs and breathes without difficulty.	It is important FOR Mary to have access to an asthma nebulizer once each day and when symptoms occur to promote adequate intake of oxygen.	11/15/09	daily
<p>Please describe any significant events not reported above: Mary developed a mild case of asthma at the end of this quarter. The nurse will obtain a nebulizer for Mary through DME and provide training and provider supervision for the duration of its use. How long Mary will require the use of the nebulizer is unknown at this time. DSPs continued to have regular visits and supervision from Mary's skilled nurse. Skilled Nursing services continue to be physician ordered and necessary for Mary to continue living in her home.</p>				
<p>Describe the individual's satisfaction with supports: Mary's mother/guardian, Monica Simms, states that she is very pleased with the services and supports Mary receives through Nurses@Home.</p>				
<p>Is an ISAR included with this update to reflect changes in support hours? <input checked="" type="checkbox"/> Yes, because hours are changing <input type="checkbox"/> Not needed: no change in support hours</p>				

Individual: _____ (Mary Simms's Mark) _____ Date: 10/22/09

Representative: Monica Simms _____ Date: 10/22/09

Provider/Agency: Wanda Green, RN _____ Date: 10/22/09

Outcome changes approved by Support Coordinator:

<p><i>Jennifer Jones, SC</i></p> <p>Support Coordinator</p>	<p><u>10/31/09</u></p> <p>Date</p>
---	------------------------------------